

**CASUAL LEAVE APPLICATION PROFORMA**

**Name of the Intern** : \_\_\_\_\_

**Admission No.** : \_\_\_\_\_

**Section in which posted** : \_\_\_\_\_

**Number of days for which  
leave applied\*** : \_\_\_\_\_

**Date on which leave is required** : \_\_\_\_\_

**Whether station leave required  
or not** : \_\_\_\_\_

**Leave already taken** : \_\_\_\_\_

**i) In the section** : \_\_\_\_\_

**ii) Total CL availed** : \_\_\_\_\_

**Signature of the Student**

**Recommendations  
of the Section  
Incharge**

**Co-ordinator Internship Training**